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## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations  (a) Name  AMERICAN ACTION NETWORK								
_	(b) Address (number and street)	nan previously reported	2. FEC Identification Number					
_	(c) City, State and ZIP Code WASHINGTON	DC 20005	<b>C</b> C30001648					
_	(d) Name of Employer or Principal Place of Business (e) Occupation							
3.	Is This Statement or Amended	4. Covering Period	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
5.	(a) Date of Public Distribution(s) M M O O O O O O O O O O O O O O O O O							
6.	. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)							
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  (e) X Other, specify: CORPORATION							
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?								
8.	3. Custodian of Records							
	(a) Name STEPHANIE FENJIRO							
	(b) Address (number and street) 1401 NEW YORK AVENUE NW STE 1200							
	(c) City, State and ZIP Code							
	WASHINGTON	DC	20005					
	(d) Name of Employer or Principal Place of Business	(e) Oc	cupation					
	AMERICAN ACTION NETWORK	ADM	IINISTRATOR					
9.	Total Donations This Statement		.00					
10	D.Total Disbursements/Obligations This Stater	ment	226000.00					
Under penalty of perjury, I certify that this statement is true, correct and complete.								
TYPE OR PRINT NAME OF PERSON COMPLETING FORM STEPHANIE FENJIRO								
	SIGNATURE Electronically Filed by STEPHANIE F	FENJIRO DATE	10/15/2010					

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

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## List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

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A.	(a) Name	<b>Transction ID:</b> F91.000001		
	ROB COLLINS			
	(b) Address (number and street) 1401 NEW YORK AVENUE NW STE 1200			
	(c) City, State and Zip Code			
	WASHINGTON	DC	20005	
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	AMERICAN ACTION NETWORK	PRESIDENT		

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## Disbursement(s) Made or Obligations

A.	Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation	
-	WF OF R MEDIA			- 10 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address of Payee 411 BRANCHWAY ROAD			Amount	
-	City	State Zip	Code	226000.00	
	RICHMOND	VA 232	236	Communication Date	
-	Name of Employer	Occupa	ation	M M / D D / Y Y Y	
	TV AD PROD/AIR TIME PURCHASE	·		Transction ID: F93.000001	
-	Purpose of Dishuraement (including title	Purpose of Disbursement (including title(s) of communication(s))			
	,				
l _	READ THIS				
	Name of Federal Candidate	Office Sought: X House	State: VA	Disbursement/Obligation For: 2010	
	RICK BOUCHER	Senate	District: 09	Primary X General	
	F94.000002	Presid	ent District. 03	Other (specify)	
-	Name of Federal Candidate	Office Sought: House	State:	Disbursement/Obligation For:	
		Senate		Primary General	
		Presid	District:	Other (specify)	
-	Name of Federal Candidate	Office Sought: House		Disbursement/Obligation For:	
	Name of Federal Gandidate	Senate		Primary General	
		Presid			
				Other (specify)	
	SUBTOTAL of Disbursement/Obligation	226000.00			
	TOTAL This Period (last page this line (carry total from last page to lin	226000.00			

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